

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		07/07/01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	703	1/12
FORMALITY REVIEW			1031/6/10
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 u ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	0-22-11
2	0-22-11
3	0-22-11
4	0-22-11
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8	0-22-11
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44	0-22-11
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50	0-22-11

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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10.01.01  
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